

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 595045

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND.

DEP.

IND.

DEP.

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DEP.

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TOTAL

IND.

5



TOTAL

DEP.

21



TOTAL

CLAIMS

26



100

TOTAL

IND.



TOTAL

DEP.



TOTAL

CLAIMS